

Possession of Marijuana/THC and Possession of Marijuana Paraphernalia
Diversion Information Sheet

The following guidelines have been adopted by the Wichita City Attorney's Office for the Marijuana/THC Diversion program in Wichita Municipal Court. Only possession of marijuana/THC or possession of marijuana paraphernalia charges will be diverted through this program. Other drug related charges may be eligible for diversion through the drug court diversion process.

Diversion is a **privilege** afforded an accused and not a right. No presumption in favor of diversion exists in any case, and the burden of persuasion rests with the applicant to establish that a diversion agreement will best serve the ends of justice and the interests of the community, public safety and the rights of victims.

It is not required that the defendant have an attorney for the purpose of diversion, however, a defendant has the right to employ an attorney and have him/her present throughout the diversion application process.

Eligibility: Factors Considered

In determining whether or not diversion is appropriate, the City Prosecutor will consider a number of factors. Some of these factors include:

1. The nature of the crime and the circumstances surrounding it.
2. Any special characteristics and circumstances of the defendant.
3. Whether the defendant is a first-time offender.
4. Whether the diversion program is appropriate to the needs of the defendant.
5. The impact of diversion on the community.
6. Recommendations of the involved law enforcement community.
7. Recommendations, if any, of the victim.
8. The amount of restitution, if applicable, owed by the defendant.
9. Any mitigating or aggravating circumstances surrounding the crime.

You must not have had a conviction or Deferred Judgment and/or Diversion for such a crime or similar crime within (five) years of the date of offense.

Procedures

A \$25 non-refundable application fee is to be paid to Municipal Court prior to the initiation of the diversion process. The City Prosecutor will review requests for diversion and may require a diversion conference with the applicant. Please review the following carefully:

- A. The diversion application **must** be completed on the form provided by the Clerk of the Municipal Court. Photocopied reproductions will not be accepted.
- B. A minimum payment of \$200 of all diversion fees is due at the time of signing the agreement. The only exception will be upon the submission of a financial affidavit by the defendant and a finding by the Court that the defendant is indigent. All remaining fines and costs are due within ninety days.
- C. The defendant or the defendant's attorney will be notified if the diversion application has been approved. If the application is denied, the defendant or the defendant's attorney will be notified in writing.

The Diversion Agreement

If the City Prosecutor approves a diversion agreement, the terms and conditions will be reduced to writing for approval and signature by both parties. The executed diversion agreement will be filed with the Municipal Court and criminal proceedings will be suspended as long as the defendant fulfills the terms and conditions of the diversion agreement. Upon successful completion of the agreement, the City Prosecutor will move to dismiss the charge(s) with prejudice with costs assessed to the defendant.

The defendant must agree to waive his/her constitutional rights to a formal arraignment, speedy trial and a trial on the charges which are diverted.

If at any time during the diversionary period the City Prosecutor finds that the defendant is no longer fulfilling the terms of the agreement, the City Prosecutor will file a Motion to Revoke the agreement and resume criminal proceedings.

The charges for Possession of marijuana/THC or possession of marijuana paraphernalia will be diverted for a 6 month period.

Fine	\$250.00
Diversion Fee	\$100.00
Court Costs	\$ 102.00 (includes \$25.00 application fee)*
Total	\$452.00

- ❖ You will be responsible for all additional court costs incurred during the course of your case.

As a condition of the diversion, a drug and alcohol safety action program must be completed within ninety days of signing the diversion agreement.

Court Approved marijuana programs:

AGENCY	PHONE #	ADDRESS	SERVICES
A New Dimension	265-8600	2422 S. Seneca A.	
ADAPT	721-0971	10209 W. Central, Suite 103	
Advance Solutions Addiction Management, LLC	788-1664	205 W. Crestway Ave., Suite 200 Derby, Kansas	
Addiction Counseling Services	263-4822	1101 N. West St.	Bi-lingual Services
Adolescent Adult Family Recovery	943-2051	3540 W. Douglas	
Atishwin	681-2533	937 S. Bluffview	
Behavioral Consultants, Inc.	263-2155	1047 N. Market	
Higher Ground	262-2060	247 N. Market	Spanish only
Knox Center	265-8511	2924 E. Douglas	
Recovery Unlimited	941-9948 612-9002	3312 W. Douglas 555 N. Woodlawn, Suite #125	
So. Central Ks Court Services	1-620-488-3357		
STOP	686-7884	8911 E. Orme, A	
Yale Crowberg Learning Center	841-6549 613-2948	313 N. Seneca #110	Drug/Alcohol Assessments & Evals

Applications shall be filed with the Municipal Court Clerk's Office, Second Floor, City Hall, 455 N. Main, Wichita, Kansas 67202.

City of Wichita-Municipal Court
455 N. Main Street • Wichita, KS 67202

Marijuana/THC Diversion Application

***A non-refundable \$25.00 application fee must be paid with this application
to initiate the Diversion process.***

Docket Number: _____ Attorney: _____

Court Date: _____

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
TELEPHONE NUMBER-HOME (____) _____ WORK (____) _____ CELL (____) _____

LIST ALL PREVIOUS ADDRESSES FOR THE LAST 3 YEARS:

Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____
Address _____	City _____	State _____	Zip _____

LIST ANY ALIAS/MAIDEN NAME(S) _____ SOCIAL SECURITY NO. _____

DATE OF BIRTH ____/____/____ SINGLE _____ MARRIED _____ DIVORCED _____ SEPARATED _____
IF MARRIED, SPOUSE'S FULL NAME _____ DATE OF BIRTH ____/____/____
NAME ALL DEPENDENTS _____ DATE OF BIRTH ____/____/____
_____ DATE OF BIRTH ____/____/____

DRIVERS LICENSE NUMBER _____ STATE OF ISSUANCE _____

IF STUDENT, LIST PERMANENT/PARENT'S ADDRESS _____

CLOSEST RELATIVE NOT PRESENTLY LIVING WITH YOU: NAME _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Relationship _____

WORK EXPERIENCE

PRESENT EMPLOYER _____ HOW LONG _____ TITLE _____
ADDRESS _____ CITY _____ STATE _____ PHONE _____
WEEKLY SALARY \$ _____ SUPERVISOR'S NAME _____

COMPANY NAME _____ ADDRESS _____
CITY _____ STATE _____ SUPERVISOR'S NAME _____
FROM _____ TO _____ JOB TITLE _____

COMPANY NAME _____ ADDRESS _____
CITY _____ STATE _____ SUPERVISOR'S NAME _____
FROM _____ TO _____ JOB TITLE _____

COMPANY NAME _____ ADDRESS _____
CITY _____ STATE _____ SUPERVISOR'S NAME _____
FROM _____ TO _____ JOB TITLE _____
HIGHEST LEVEL OF EDUCATION COMPLETED _____
WHAT COUNTY ARE YOU CURRENTLY A RESIDENT OF _____
WHAT STATE _____ HOW LONG _____

MEDICAL HISTORY – (BRIEF LIST)

PHYSICAL
CONDITION _____

LIST ANY PREVIOUS DRUG OR ALCOHOL TREATMENT RECEIVED _____

LIST ALL MEDICATIONS: _____

CRIMINAL RECORD (ATTACH ADDITIONAL PAGES IF NECESSARY)

List **ALL** prior or pending offenses, including criminal, traffic and juvenile.

Include **ALL** arrests and convictions, even if subsequently expunged.

Also, list any other diversion programs you have previously participated in.

Date	Offense	Location	Disposition	Parole/Probation Officer

PLEASE STATE IN DETAIL THE FACTS WHICH CAUSED THE **CURRENT** CHARGES AGAINST YOU TO BE FILED:

PLEASE STATE WHAT YOU BELIEVE TO BE ANY MITIGATING FACTORS CONCERNING THE CRIME(S) WITH WHICH YOU ARE CHARGED:

EXPLAIN WHY YOU FEEL YOU COULD SUCCESSFULLY COMPLETE THE DIVERSION PROGRAM:

I have read the foregoing application. All of the information is true and correct. I understand that if any of the foregoing information is not true and correct, this may be a basis for denial of the diversion or a revocation of my diversion. I request a continuance of the court date for my case to allow the City time to review my application and obtain the information necessary to determine whether or not a diversion can be granted. I understand that I have a right to a speedy trial and I knowingly and voluntarily waive the right to speedy trial.

Defendant's Signature

Date